







RECEIPT NUMBER: 3853547

STATE CLEARINGHOUSE NUMBER (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.			, , , , , , , , , , , , , , , , , , ,
	LEADAGENCY EMAIL		DATE
CITY OF SAN RAMON			08/07/2020
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER
CONTRA COSTA COUNTY	060		2020-00750
PROJECT TITLE			1
CITYWALK MASTER PLAN			
PROJECT APPLICANT NAME	PROJECT APPLICANT EM	AJL	PHONE NUMBER
SUNSET DEVELOPMENT			(925) 380-9420
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE
2600 CAMINO RAMON, #201	SAN RAMON	CA	94583
PROJECT APPLICANT (Check appropriate box)	I		
X Local Public Agency	Other Special District	State Ac	jency Private Entity
	Y .		
CHECK APPLICABLE FEES:			
Environmental Impact Report (EIR)			3,343.25
■ Mitigated/Negative Declaration (MND)(ND)	\$	2,406.75 \$	
☐ Certified Regulatory Program (CRP) document - payment due di	irectly to CDFW \$	1,136.50 \$, , , , , , , , , , , , , , , , , , ,
-			
Exempt from fee			
Notice of Exemption (attach)			
CDFW No Effect Determination (attach)			
 Fee previously paid (attach previously issued cash receipt copy) 			
☐ Water Right Application or Petition Fee (State Water Resources	Control Board only)	2 2 2 2	
County documentary handling fee			50.00
Other	\$		50,00
PAYMENT METHOD:		\$ _	
☐ Cash ☐ Credit ☑ Check ☐ Other 197/198	TOTAL RE	eriven s	3.393.25
SIGNATURE	Y OF FILING PRINTED NAM	E AND TITLE	
X AGraff is	graff Deputy Clerk		